



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ www.state.sd.us/doh/nursing

APPLICATION FOR INITIAL REGISTRATION
NURSING CORPORATIONS

REGISTRATION FEE:
\$100.00

CORPORATION NAME: _____

MAIN OFFICE ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OFFICERS

PRESIDENT: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

VICE PRESIDENT: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

SECRETARY-TREASURER: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

ALL DIRECTORS AND SHAREHOLDERS

1. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

2. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

3. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

4. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

5. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

OFFICIAL DOCUMENTS

1. Copy of the Articles of Incorporation of the Corporation and amendments certified by the Secretary of State.
2. Copy of the Minutes of the Corporation's organizational meeting.
3. Sworn statement from an officer stating that the Corporation will not hold itself out to the public as possessing any skills or expertise not possessed by nurses in noncorporate practices and that the Corporation will not do anything which if done by a nurse employed by it would violate the standards of professional conduct established for such a nurse pursuant to SDCL Chapter 36-9 or 36-9A and this article or article 20:62.
4. List that includes the name, business address, and nursing license number of employees of the Corporation who are authorized to practice nursing, other than officers, directors, or shareholders.